

**NW MBDA Regional  
9-10 Honor Band  
Final Registration Form**

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female (Please circle)  
Parents or Guardians \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Parent E-mail \_\_\_\_\_  
School \_\_\_\_\_ School Phone \_\_\_\_\_  
Band Teacher \_\_\_\_\_ Phone \_\_\_\_\_

**Permission Form**

My daughter/son \_\_\_\_\_ has my permission to participate in the NW MBDA 9-10 Honor band activities (January 23, 2010). I understand that I am responsible for all transportation, lodging, and other miscellaneous expenses not specified to be provided by the Minnesota Band Directors Association in the written materials that were sent with this registration form.

**Consent for Medical Treatment**

In the event that your child should need medical attention during the time of the Honor Band rehearsals or performance, the NW MBDA will make every effort to contact the parent or guardian for directions as to that care. In case of a medical emergency, I hereby authorize the NWMBDA leadership to obtain urgent emergency medical care for my child during the Honor Band activities (January 23, 2010).

I understand that I will be responsible for the payment of any medical expenses incurred by my child during the Honor Band activities.

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Special medical needs or concerns: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Photographs will be taken throughout the day for possible use in our MBDA booth at the MMEA convention, the MBDA website, and/or other public venues. Please sign here if you do NOT give us permission to include your child in these photographs. \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Please return this registration form and \$15.00 (\$20.00 if after January 12) to your band director.